## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address: and/or (b) indicating a separate "FFF ADDRESS" for

maintenance fee notifica		ierwise in Block 1, by (	a) specifying a new c		•			TALE FEE ADDRESS TO	
CUKRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)			
								(Signature)	
								(Date)	
APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/836,541	04/18/2001	04/18/2001		Ryan C. Kinter		1778.0200000 (0128.00US)		6813	
TITLE OF INVENTION	I: MAPPING SYSTEM A	AND METHOD FOR IN	STRUCTION SET PR	OCE.	SSING				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	ΓΟΤΑL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0	*************	\$1810	05/19/2010	
EXAM	EXAMINER ART UNIT		CLASS-SUBCLASS						
COLEMAN, ERIC		2183	712-210000						
<ul> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docume recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MIPS Technologies, Inc.  Sunnyvale, California  Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0036 (enclose an extra copy of this form).						
NOTE: The Issue Fee an	s SMALL ENTITY statu d Publication Fee (if requ	s. See 37 CFR 1.27.	b. Applicant is no d from anyone other the Office.					R 1.27(g)(2).	
Authorized Signature Date 3(2(()									
Typed or printed name Dona eatherstone Registration No. 33,876									
submitting the completed this form and/or suggesti Box 1450. Alexandria, V Alexandria, Virginia 223	application form to the ons for reducing this bur lirginia 22313-1450. DO 13-1450.	USPIO. Time will vary	depending upon the its Chief Information Of COMPLETED FORM	ndivi fficer S TO	dual case. Any conc., U.S. Patent and The THIS ADDRESS.	mments of Frademark SEND T	n the amount of time COffice, U.S. Depar O: Commissioner fo	by the USPTO to process), gathering, preparing, and e you require to complete trment of Commerce, P.O. or Patents, P.O. Box 1450.	